FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90001 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000009333

1. Entity Name
FENG YU, INC.

50053083

Principal Place of Business	Mailing Address
8201 S. TIAMIAMI TRAIL #AF-4 SARASOTA, FL 34238	8201 S. TIAMIAMI TRAIL #AF-4 SARASOTA, FL 34238

04072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8201 S. TAMIAMI TRAIL	8201 S. TAMIAMI TRAIL
Suite, Apt. #, etc. #AF-8	Suite, Apt. #, etc. #AF-8
City & State SARASOTA, FL 34238	City & State SARASOTA, FL 34238
Zip / Country	Zip / Country

4. FEI Number 30-0146689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOU, FENG-YU
8201 S. TIAMIAMI TRAIL
#AF-4
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 8201 S. TAMIAMI TRAIL
#AF-8

City SARASOTA FL Zip Code 34238

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________ 4/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHOU, FENG-YU 8201 S. TIAMIAMI TRAIL, #AF-4 SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8201 S. TAMIAMI TRAIL, #AF-8 SARASOTA, FL 34238 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ 4/14/05 9419277437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #